

Dorothy – Active Retirement



Increased energy and mobility, so she can best care for herself.

Brief Description

- Age: 78
- Gender: Female
- Race & Ethnicity: White
- Highest Education: Finance Degree
- Location: Suburban Oregon
- Living Situation: Lives in a house with her husband
- Income: \$2,000 per month from social security
- Insurance: Medicare

Client Story (Personality/Hobbies)

- Dorothy used to love gardening and walking, but she gets too tired now. She feels so limited. She is nervous to do things because of how it might affect her health issues.
- Her husband, William, helps her out with meals and cleaning up around the house, but he too needs help and support.
- Dorothy worries about the pain in her hip and potentially falling.
- Dorothy is discouraged she must rely on others for help, especially because she doesn't feel comfortable driving.
- She has lost touch with her friend circle given her more sedentary lifestyle and she would like a way to regain control of her health and confidence to be active again.
- Her son and her grandkids live 30 minutes away, but they are busy with their lives. They stop by once of month to check in on their parents.

Physical Activity

- Dorothy loves to take walks outdoors but is afraid to do this given the fear of falling.
- She wants to feel less tired all the time.
- She would like to gain control of her health and be more active with her friend circle again.

Health Status

- Osteoarthritis of the hip
- Hypertension
- Falls risk
- Anxiety

Pains

- Dorothy has aches, pains, and increasing anxiety.
- She doesn't like to drive, especially at night.
- She feels like a burden on others.
- She has a fear of physical activity due to the pain and potentially falling.

Gains

- Feeling less anxious about her health
- Not being a burden on family and caregivers
- Dorothy could benefit from a group class like Tai Chi for Arthritis and Falls Prevention or Tai Ji Quan: Moving for Better Balance, that provides an opportunity to increase physical activity while also providing a social connection
- Her caregiver, William, may benefit from Stay Active and Independent for Life (SAIL)

After being unable to play outside with her grandkids, Dorothy hopes to regain control of her health and confidence to be active again. She has an upcoming check-in with her PCP, where she plans to discuss her current challenges and ask about potential solutions.

Journey Map

Stage of Journey	Before an Appointment			During an Appointment				After an Appointment
	Identify Need	Scheduling	Waiting Period	Checking In	Vital Check	Visit With Clinician	After Clinician Visit	
	What prompted the patient to make an appointment? What was the patient hoping to achieve when they scheduled the appointment? What are the barriers and opportunities?	How was the appointment scheduled? Did the patient call? Was the appointment made online? What was the experience like?	After a patient makes an appointment, is there anything happening before their visit? Are there missed opportunities?	When a patient checks in, what is their experience? What is happening on the front and back end?	What is the patient experiencing when they are called back? Who are they interacting with? What processes are happening behind the scenes?	What is the experience like when they are interacting with the PCP? What is the discussion like? What is the patient experiencing?	What happens after the visit with the PCP is over? Do they talk to scheduling or billing? Do they talk with anyone about specific issues (e.g. a dietician)? Do they leave with any resources?	What happens after they leave the appointment? Do they get labs? Do they pick up prescriptions? Do they set up an appointment with a specialist or connect with an AAEBI? Is there any follow-up with the PCP?
What is the patient doing?	Dorothy has a regular check-up coming up. She is planning to discuss her fatigue, hip pain, and concern with falling, all of which are preventing her from being active and maintaining relationships. Dorothy's husband offers to drive her, as she doesn't feel comfortable driving.	Dorothy scheduled the check-up with her PCP the last time she had an appointment. She was able to schedule it in-person with the receptionist on her way out.	Dorothy tries to garden before her appointment, but she gets tired very quickly. Her friend group invites her to go for a walk, but she declines because she is afraid of falling.	Dorothy's husband has something come up last minute, and she has to drive herself. She checks in and has the receptionist confirm her information. She is not accustomed to using an iPad and has trouble seeing the words on the screen.	Dorothy's name is called and she takes a moment to stand and walk to the back of the office. The MA has to repeat themselves a few times while they measure Dorothy's weight and vitals. She has a hard time remembering her medical history and various medications.	Dorothy has been seeing her PCP for years, and spends the beginning of appointment making small talk and asking about their family. The PCP coaxes Dorothy into discussing recent challenges, particularly her fatigue, hip pain, and concern with falling. Her PCP reassures her, and explains some potential opportunities to get more active and learn about falls prevention.	Dorothy schedules her next appointment with the receptionist at the front desk. Dorothy writes a reminder in her planner to pick up her prescriptions.	She realizes the time and that she will have to drive home in the dark. Dorothy thinks about having her son help her with the pamphlets the next time he visits her.
What is the patient feeling?	Dorothy is hopeful that her PCP can provide her with some solutions to her current pains and fears.	Dorothy is glad she already has an appointment scheduled. It is one less thing for her to worry about.	Dorothy is feeling limited and is sad she has lost touch with her friend circle due to her pains and fears. She is still hopeful about the appointment.	Dorothy is very anxious after the last minute change and having to drive herself. She is embarrassed she has to rely on the receptionist, but is grateful he is able to help her.	Dorothy is uneasy discussing her medical history and various medications. She has a hard time remembering them, and gets embarrassed. She dislikes this portion of the appointment.	Dorothy has a good relationship with her PCP and enjoys talking with them. She becomes a bit upset and embarrassed when having to discuss her recent pains and fears, but is eager to find solutions.	Dorothy feels more hopeful about the opportunity to join programs, but a bit unsure about what to do next. She is glad she got to see her PCP.	Dorothy is nervous about her drive home, which causes her to forget to make a plan for figuring out the programs.
How are the care team members and patients interacting?		The receptionist helped Dorothy to schedule her check-up during her previous appointment, and ensured it was entered correctly in the system.	The clinic's front office staff still call Dorothy to confirm her appointment time prior to the visit.	The receptionist checks Dorothy in and provides additional assistance. He tries to be patient but the waiting room is full and a bit stressful.	The MA calls Dorothy back and makes small talk about Dorothy's grandchildren. The MA checks her weight and then takes her to the exam room to take her vitals. The MA enters the information into the CHR.	The PCP is glad to see Dorothy again but only has a few minutes to talk, due to a busy schedule. The PCP gives Dorothy pamphlets, and encourages her to read them with her husband and son.	The receptionist helps Dorothy to schedule her next appointment. Dorothy takes a moment to schedule, as she is unsure of her husband's availability.	
What infrastructure or method of interaction are they using?		In-person scheduling Scheduling software	Phone call	Face-to-Face iPad paperwork	EHR	Face-to-face Patient chart	Pamphlets	In-person scheduling Patient Chart
What is going on behind the scenes?		Given Dorothy's clinical needs, her PCP likes to see Dorothy regularly (every 6-8 weeks). Dorothy and the front office staff are aware of this preferred cadence and schedule follow-up appointments following each visit.		Billing department checks Dorothy's Medicare. Receptionist enters Dorothy's patient record number to pre-populate digital intake forms with Dorothy's OOB, medication list, and personal/family medical history, for Dorothy to update. The receptionist pings the MA to let them know Dorothy has arrived and the MA prep the room and grabs necessary paperwork and equipment.	The MA looks at Clara's record from the last visit to see how her current weight and blood pressure compare. She doesn't notice any changes.	PCP reviews Dorothy's chart to see what medications she's already tried or to see if Dorothy's other conditions might exacerbate her fall risk.	The billing department sends Dorothy and Medicare the bill.	Dorothy's PCP updates her patient profile with details from the appointment.